

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	/
3						53	/
4						54	/
5						55	/
6						56	/
7						57	/
8						58	/
9						59	/
10						60	/
11						61	/
12						62	/
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14						64	/
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29						79	/
30						80	/
31						81	/
32						82	/
33						83	/
34						84	/
35						85	/
36						86	/
37						87	/
38						88	/
39						89	/
40						90	/
41						91	/
42						92	/
43						93	/
44						94	/
45						95	/
46						96	/
47						97	x
48						98	/
49						99	/
50						100	/
TOTAL IND.						TOTAL DEP.	
TOTAL AL.						TOTAL AL. DEP.	
AL. MS						AL. MS	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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